

PERIOD		DATE		TREATMENT FACILITY			
FROM	TO						
RATED BY		PRIVILEGES PERFORMED BY					
TITLE							
PRIVILEGES			RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.			ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Special Studies, Non-Invasive and Other Procedures							
a.	Echocardiography						
b.	ECG interpretation						
c.	Electroconvulsant therapy						
d.	EEG interpretation						
e.	Electromyography						
f.	Endotracheal intubation						
g.	Other intubation <i>(Specify)</i>						
h.	Esophageal dilatation						
i.	Hypnosis						
j.	Peripheral vascular studies <i>(Non-Invasive)</i>						
k.	Phonocardiography						
l.	Pulmonary function interpretation						
m.	Radioactive isotopes, diagnostic						
n.	Radioactive isotopes, therapeutic						
o.	Vectorcardiography interpretation						
p.	Respirator management						
q.	Diagnostic/Therapeutic radiology <i>(Specify)</i>						
	Other <i>(Specify)</i>						

COMMENTS *(Borderline and unacceptable ratings will be addressed.)*